Filed 12/27/24 Page 1 of 28

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

States Maistrals Service	Bee Instructions for Bervice of	Trocess by O.G. Marshal
PLAINTIFF	COURT CASE NUM	(BER
Ryan Dillon-Capps		
DEFENDANT	TYPE OF PROCESS	<u> </u>
Ohana Growth Partners, LLC. et al	Personal	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE	OR DESCRIPTION OF PROPERTY 1	O SEIZE OR CONDEMN
SERVE Ohana Growth Partners, LLC.		
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 212 West Padonia Road Timonium Maryland 21093		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to served with this Form	*71.3
Ryan Dillon-Capps 1334 Maple Avenue	Number of parties to served in this case	be 29
Essex Maryland 21221	Check for service on U.S.A.	×
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SE All Telephone Numbers, and Estimated Times Available for Service): Office Hours - Service to Company (1), and six (6) individuals. Personal Ad		
Signature of Attorney other Originator requesting service on behalf of:	TELEPHONE NUMBER	DATE
IXI PLAINTIFF	TELEFTIONE NOVIDER	DAIL
Ryan Dillon-Capps Digitally signed by Ryan Dillon-Capps DEFENDANT	703-303-1113	12/17/2024
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO	NOT WRITE BELOW THIS	SLINE
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) Total Process District of Origin Serve No. No.	uthorized USMS Deputy or Clerk	Date
I hereby certify and return that I have personally served, have legal evidence of service, ha individual, company, corporation, etc., at the address shown above on the on the individual, company, co		
☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. name	d above (See remarks below)	
Name and title of individual served (if not shown above)	Date	Time ☐ am ☐ pm
Address (complete only different than shown above)	Signature of U.S. Mi	<u></u>
Costs shown on attached USMS Cost S	Sheet>>	
REMARKS	·	

Filed 12/27/24 Page 2 of 28

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

Officed States Marshars Service				•	See <u>Instruct</u>	ions for service of	Trocess by C.S.	TATAL
PLAINTIFF '				^		COURT CASE NUM	/BER	
Ryan Dillon-Capps								
DEFENDANT						TYPE OF PROCESS	 \	
Ohana Growth Partners, LL	C et al					Personal	,	
		201001721 00	DDOD ATTOM T	TO TO SERVE	OR DECORPORT		ro artar on cont	
SERVE Brick, C	. Victor				OR DESCRIPTI	ON OF PROPERTY T		JEMIN
AT ADDRESS 212 We	(Street or RFD, 2 est Padonia F	<i>Apartment No.</i> , (Road Timoni	City, State and ZI ium Marylan	<i>P Code)</i> d 21093		-		
SEND NOTICE OF SERVICE COPY	TO REQUESTI	ER AT NAME A	ND ADDRESS	BELOW		Number of process to		
Ryan Dillon-Capps 1334 Maple Avenue						Served with this Form 285 Number of parties to be served in this case 29		
Essex Maryland 21221						Check for service	X	,
SPECIAL INSTRUCTIONS OR OTH	JED INTERPASAS	ግር ነል፤ ጥፒ፣ ልጥ የደመ	I I ACCIOTINI	יייי איייייייייייייייייייייייייייייייי	DVICE Cont. 1	on U.S.A.		· · · · · · · · · · · · · · · · · · ·
All Telephone Numbers, and Estimate Office Hours - Service to Co	ompany (1),	and six (6) i	ndividuals. I	Personal Add	iress' are no	t currently availa	able.	
Signature of Attorney other Originato	<u>^</u>		PLAIN	ITIFF	TELEPHONE	NUMBER	DATE	
Ryan Dillon-Capps	Digitally signed by Date: 2024.12.17	Ryan Dillon-Capp 19:35:02 -05'00'	DEFE	NDANT	703-303-1	113	12/17/2024	
SPACE BE	LOW FOR	USE OF U.S.	MARSHAL	ONLY - DO	NOT WRIT	E BELOW THIS	SLINE	
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of Au	athorized USMS	Deputy or Clerk	Date	
I hereby certify and return that I ☐ I individual, company, corporation, etc								n the
I hereby certify and return that I a	m unable to locat	te the individual,	company, corpo	ration, etc. named	l above <i>(See rem</i>	arks below)		
Name and title of individual served (i)	f not shown above	e)			·	Date	Time	☐ am ☐ pm
Address (complete only different than	shown above)					Signature of U.S. Ma	1 arshal or Deputy	
		Costs	shown on attach	ed USMS Cost S	heet>>	1		
REMARKS								
					•			

Form USM-285

Filed 12/27/24 Page 3 of 28

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

Office States Marshars Bervice				.	Dee <u>Instruc</u>	nons for service o	1 Tocess by Q.	. Marsial
PLAINTIFF						COURT CASE NUM	/BER	
Ryan Dillon-Capps								
DEFENDANT						TYPE OF PROCESS		
Ohana Growth Partners, LL	.C. et al					Personal	,	
· · · · · · · · · · · · · · · · · · ·		OMPANY CO	RPORATION F	TC TO SERVE	OR DESCRIPT	ON OF PROPERTY	TO SEIZE OR CON	DEMN
SERVE Norris,		ли A(1, СО	id Okalion, i	IC. IO BLAVE	OR DECIGIT I	ON OF TROPERTY	O DELLE OR CON	DLIVIIA
	(Street or RFD, Ap st Padonia Ro	oartment No., (oad Timoni	City, State and Zi um Marylan	<i>P Code)</i> d 21093		· .		
SEND NOTICE OF SERVICE COPY Ryan Dillon-Capps	TO REQUESTER	RAT NAME A	ND ADDRESS	BELOW		Number of process to served with this For		9
1334 Maple Avenue Essex Maryland 21221						Number of parties to served in this case	be 2	9
						Check for service on U.S.A.	,	<
All Telephone Numbers, and Estimate Office Hours - Service to Co	<i>ted Times Available</i> ompany (1), a	e for Service): nd six (6) i	ndividuals.	Personal Ado	dress' are no	ot currently availe	able.	
Signature of Attorney other Originato	r requesting service	on behalf of:			TELEPHONE	NUMBER	DATE	
Ryan Dillon-Capps	<u> </u>		× PLAIN DEFE	TIFF NDANT	703-303-1	113	12/17/2024	
SPACE BE	LOW FOR US	SE OF U.S.	MARSHAI	ONLY - DO	NOT WRIT	E BELOW THIS	S LINE	
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)		District of Origin	District to Serve No.	Signature of Au	uthorized USMS	Deputy or Clerk	Date	
I hereby certify and return that I individual, company, corporation, etc.	nave personally serv , at the address sho	ved , have	legal evidence o he on the individ	f service, ha	ve executed as sl rporation, etc. sh	nown in "Remarks", th	e process described erted below.	on the
☐ I hereby certify and return that I a	m unable to locate t	the individual,	company, corpo	ration, etc. named	i above <i>(See rem</i>	arks below)		
Name and title of individual served (i)	f not shown above)					Date	Time	☐ am ☐ pm
Address (complete only different than	shown above)					Signature of U.S. M	arshal or Deputy	<u>. </u>
		Costs	shown on attack	ied USMS Cost S	iheet>>			
REMARKS								

Filed 12/27/24 Page 4 of 28

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

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PLAINTIFF				<u>.</u>		COURT CASE NUM	ABER.	-
Ryan Dillon-Capps								
DEFENDANT						TYPE OF PROCESS	8	
Ohana Growth Partners, LL	.C. et al					Personal		
	INDIVIDUAL, ond, Justin	COMPANY, CO	RPORATION, E	ETC. TO SERVE	OR DESCRIPT	ION OF PROPERTY	TO SEIZE OR CO	NDEMN
AT ADDRESS	(Street or RFD, st Padonia I	Apartment No., (Road Timoni	City, State and Zi ium Marylan	TP Code) d 21093				
SEND NOTICE OF SERVICE COPY Ryan Dillon-Capps	TO REQUEST	ER AT NAME A	ND ADDRESS	BELOW		Number of process to served with this Form		29
1334 Maple Avenue Essex Maryland 21221						Number of parties to served in this case	be	29
						Check for service on U.S.A.		X
SPECIAL INSTRUCTIONS OR OTE All Telephone Numbers, and Estima Office Hours - Service to C	ted Times Availa	ble for Service):			<u>.</u>			
Signature of Attorney other Originato	r requesting serv	ice on behalf of:	× PLAIN	VIII DE	TELEPHONE	NUMBER	DATE	
Ryan Dillon-Capps	Digitally signed by Date: 2024.12.17	y Ryan Dillon-Cap; 19:36:13 -05'00'	ps DEFE	NDANT	703-303-1	113	12/17/2024	
SPACE BE	LOW FOR	USE OF U.S	. MARSHAI	ONLY - DO	NOT WRIT	E BELOW THE	SLINE	
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve No.	Signature of A	uthorized USMS	Deputy or Clerk	Date	-
I hereby certify and return that I 1 individual, company, corporation, etc								d on the
☐ I hereby certify and return that I a	m unable to loca	te the individual,	, company, corpo	ration, etc. name	d above (See ren	arks below)		
Name and title of individual served (i	f not shown abov	ne)				Date	Time	am pm
Address (complete only different than	shown above)	· · · · · · · · · · · · · · · · · · ·				Signature of U.S. M	arshal or Deputy	
					<u>.</u>			
		Costs	shown on attacl	hed USMS Cost S	Sheet >>			
REMARKS								

Form USM-285

Rev. 03/21

Filed 12/27/24 Page 5 of 28

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal" PLAINTIFF COURT CASE NUMBER Ryan Dillon-Capps DEFENDANT TYPE OF PROCESS Ohana Growth Partners, LLC. et al Personal NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Ihle, Earl **SERVE** ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) AT 212 West Padonia Road Timonium Maryland 21093 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be 29 served with this Form 285 Ryan Dillon-Capps 1334 Maple Avenue Number of parties to be 29 Essex Maryland 21221 served in this case Check for service X on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Office Hours - Service to Company (1), and six (6) individuals. Personal Address' are not currently available. Signature of Attorney other Originator requesting service on behalf of: TELEPHONE NUMBER DATE | PLAINTIFF Ryan Dillon-Capps Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:36:48 -05:00* ☐ DEFENDANT 703-303-1113 12/17/2024 SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE I acknowledge receipt for the total **Total Process** District of District to Signature of Authorized USMS Deputy or Clerk Date number of process indicated. Origin Serve (Sign only for USM 285 if more No. No. than one USM 285 is submitted) I hereby certify and return that I 🗌 have personally served, 🔲 have legal evidence of service, 🔲 have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. ☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) Date Time am am ☐ pm Address (complete only different than shown above) Signature of U.S. Marshal or Deputy

REMARKS

Form USM-285 Rev. 03/21

Costs shown on attached USMS Cost Sheet >>

Filed 12/27/24 Page 6 of 28

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

Sinted States Marshais Scrvice					Dee <u>Instruct</u>	ions jui dei vice of	Trocess by O.O.	. Mai siiai
PLAINTIFF						COURT CASE NUM	IBER	
Ryan Dillon-Capps								
DEFENDANT						TYPE OF PROCESS		
Ohana Growth Partners, Ll.	_C. et al					Personal	•	
		OMBANIV CO	DDUD VILLOU E	TC TO SERVE	חם והפכסוסדו	ON OF PROPERTY T	O SEIZE OR CONT	DEMN
SERVE Woods,		OMFAN1, CO	REORATION, E	IC. IOBERVE	OK DESCRIP II	ON OF FROFERIT I	O SEIZE OR COM	DEWIN
AT ADDRESS	(Street or RFD, Ap	partment No., Coad Timoni	City, State and ZI um Marylan	P Code) d 21093				
SEND NOTICE OF SERVICE COPY	TO REQUESTER	R AT NAME A	ND ADDRESS	BELOW		Number of process to	*71	<u> </u>
Ryan Dillon-Capps						served with this Form	1 203	
1334 Maple Avenue Essex Maryland 21221						Number of parties to served in this case	be 29	9
						Check for service on U.S.A.	×	ζ.
Office Hours - Service to C	ompany (1), a	ınd sıx (6) İı	ndividuals. 1	⊬ersonal Add	aress' are no	t currently avails	adle.	
Signature of Attorney other Originato	r requesting service	e on behalf of:			TELEPHONE	NUMBER	DATE	•
- · · · · · · · · · · · · · · · · · · ·	r): -		× PLAIN					
Ryan Dillon-Capps	Date: 2024.12.17 19	9:37:21 -05'00	∐ DEFE	NDANT	703 - 303-1	113	12/17/2024	
SPACE BE	LOW FOR U	SE OF U.S.	MARSHAL	ONLY - DO	NOT WRIT	E BELOW THIS	LINE	
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	(District of Origin	District to Serve No.	Signature of Au	nthorized USMS	Deputy or Clerk	Date	
I hereby certify and return that I I individual, company, corporation, etc								on the
☐ I hereby certify and return that I a	m unable to locate	the individual,	company, corpo	ration, etc. named	l above <i>(See rem</i>	arks below)		
Name and title of individual served (i	f not shown above)					Date	Time	am pm
Address (complete only different than	shown above)			-	-	Signature of U.S. Ma	arshal or Deputy	
		Costs	shown on attach	ed USMS Cost S	heet >>	<u> </u>		
REMARKS								

Filed 12/27/24 Page 7 of 28

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

Sinted States Marshals Service					See <u>Thair act</u>	nons for bervice of	110cess 0, 0.0.	Murshai
PLAINTIFF						COURT CASE NUM	IBER	
Ryan Dillon-Capps								
DEFENDANT						TYPE OF PROCESS		
Ohana Growth Partners, LL	.C. et al					Personal		
NAME OF	INDIVIDUAL, O	COMPANY, CO	RPORATION, E	TC. TO SERVE	OR DESCRIPT	ON OF PROPERTY T	O SEIZE OR CONI	DEMN
	n, Richard	·						
AT ADDRESS 212 We	<i>(Street or RFD, .</i> st Padonia F	A <i>pariment No., (</i> Road Timoni	City, State and ZI um Marylan	P Code) d 21093				
SEND NOTICE OF SERVICE COPY	TO REQUEST	R AT NAME A	ND ADDRESS	BELOW		Number of process to	· 14.)
Ryan Dillon-Capps 1334 Maple Avenue						served with this Form Number of parties to	1 20J	
Essex Maryland 21221						served in this case	29)
						Check for service on U.S.A.	×	
SPECIAL INSTRUCTIONS OR OTH	IER INFORMAT	ION THAT WI	LL ASSIST IN F	XPEDITING SE	RVICE (Include		te Addresses.	
All Telephone Numbers, and Estimat	ted Times Availa	ble for Service):			•		·	
Office Hours - Service to Co	ompany (1),	and six (6) i	noiviouais.	Personal Add	aress are no	ot currently availa	ible.	
Signature of Attorney other Originato	requesting servi	ce on behalf of:		17400	TELEPHONE	NUMBER	DATE	
Ryan Dillon-Capps) Bigitally signed by	Ryan Dillon-Capp	R PLAIN DEFE					
Tyan Dillon-Gapps	Date: 2024.12.17	19:37:47 -05'00'	☐ DEFE	MDANI	703-303-1	113	12/17/2024	
SPACE BE	LOW FOR	USE OF U.S.	MARSHAL	ONLY - DO	NOT WRIT	E BELOW THIS	LINE	
I acknowledge receipt for the total number of process indicated.	Total Process	District of	District to	Signature of Au	nthorized USMS	Deputy or Clerk	Date	
(Sign only for USM 285 if more		Origin	Serve					
than one USM 285 is submitted)		No	No	<u> </u>		<u>-</u>		
I hereby certify and return that I lindividual, company, corporation, etc.	nave personally so , at the address si	erved , 🔲 have hown above on t	legal evidence of he on the individ	f service, have unl, company, com	ve executed as sl rporation, etc. sh	nown in "Remarks", the nown at the address inse	process described o	n the
☐ I hereby certify and return that I a	m unable to locat	e the individual,	company, corpo	ration, etc. named	l above <i>(See rem</i>	arks below)		
Name and title of individual served (ij	f not shown above	e)				Date	Time	☐ am
			•					pm pm
Address (complete only different than	shown above)				<u></u>	Signature of U.S. Ma	rshal or Deputy	_
		Costs	shown on <u>attach</u>	ed USMS Cost S	heet>>			
REMARKS	· 	_		•=				

Form USM-285

Rev. 03/21

Filed 12/27/24 Page 8 of 28

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

Office States Marshals Service					See <u>Instruc</u>	ilons for service o	Trocess by O.	s. Marshai
PLAINTIFF	-			V		COURT CASE NUM	MBER	
Ryan Dillon-Capps								
DEFENDANT						TYPE OF PROCESS	3	
Ohana Growth Partners, Ll	.C. et al					Personal		
SERVE NAME OF Wittelst	INDIVIDUAL, erger, Stace	COMPANY, CO	PRPORATION, I	TC. TO SERVE	OR DESCRIPT	ION OF PROPERTY	FO SEIZE OR CO	NDEMN
AT ADDRESS 509 Sor	<i>(Street or RFD,</i> uth Exeter S	Apartment No., treet, Suite	City, State and Z 210 Baltimor	<i>IP Code)</i> re Maryland 2	21202			
SEND NOTICE OF SERVICE COPY Ryan Dillon-Capps	TO REQUEST	ER AT NAME A	AND ADDRESS	BELOW		Number of process to served with this Form		29
1334 Maple Avenue Essex Maryland 21221						Number of parties to served in this case	be	29
						Check for service on U.S.A.		X
SPECIAL INSTRUCTIONS OR OTH All Telephone Numbers, and Estima Office Hours - Service to C	ted Times Availa	ble for Service):	:		,		•	
Signature of Attorney other Originato	requesting serv	ice on behalf of:			TELEPHONE	NUMBER	DATE	
Ryan Dillon-Capps	Digitally signed by Date: 2024.12.17	/ Ryan Dillon-Cap 19:38:15 -05'00'	ps DEFE	NDANT	703-303-1	113	12/17/2024	
SPACE BE	LOW FOR	USE OF U.S	. MARSHAI	ONLY - DO	NOT WRIT	E BELOW THIS	SLINE	
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	T		Deputy or Clerk	Date	
I hereby certify and return that I hindividual, company, corporation, etc								l on the
☐ I hereby certify and return that I a	m unable to loca	te the individual	, company, corpo	ration, etc. name	d above (See rem	arks below)		
Name and title of individual served (i	fnot shown abov	e)	·			Date	Time	am pm
Address (complete only different than	shown above)					Signature of U.S. Ma	arshal or Deputy	
		Costs	shown on <u>attac</u>	ieil USMS Cost S	Sheet >>			
REMARKS					-			

Filed 12/27/24 Page 9 of 28

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

Sinted States Warshall Service				¥	Dec <u>Tristrites</u>	TOTIS JOT DET VICE OF	1 TOCCOU DY CIL	
PLAINTIFF				<u>"</u>		COURT CASE NUM	IBER	
Ryan Dillon-Capps								
DEFENDANT				.		TYPE OF PROCESS	1	• • • • • • • • • • • • • • • • • • • •
Ohana Growth Partners, LL	.C. et al					Personal		
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	Charles A. \			ic. io blivb	OR DESCRICT	ON OF TROPERTY	O BLEED ON CON	DLIM
AT ADDRESS	(Street or RFD, . uth Exeter St	Apariment No., C treet, Suite 2	City, State and ZI 210 Baltimore	P Code) e Maryland 2	21202	,		
SEND NOTICE OF SERVICE COPY Ryan Dillon-Capps	TO REQUEST	ER AT NAME A	ND ADDRESS	BELOW		Number of process to served with this Form		9
1334 Maple Avenue Essex Maryland 21221						Number of parties to served in this case	be . 2	9
						Check for service on U.S.A.	>	ζ
SPECIAL INSTRUCTIONS OR OTF All Telephone Numbers, and Estima Office Hours - Service to Co	ted Times Availa	ble for Service):			·			
Signature of Attorney other Originato	r requesting servi	ice on behalf of:	× PLAIN	птес	TELEPHONE	NUMBER	DATE	
Ryan Dillon-Capps	Digitally signed by Date: 2024.12.17	Ryan Dillon-Capp 19:38:49 -05'00'	DEFE	NDANT	703-303-1	113	12/17/2024	
SPACE BE	LOW FOR	USE OF U.S.	MARSHAL	ONLY - DO	NOT WRIT	E BELOW THIS	LINE	
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Au	nthorized USMS	Deputy or Clerk	Date	
I hereby certify and return that I hindividual, company, corporation, etc								on the
☐ I hereby certify and return that I a	m unable to locat	te the individual,	company, corpor	ration, etc. named	i above <i>(See rem</i> a	arks below)		
Name and title of individual served (i)	f not shown abov	e)				Date	Time	am pm
Address (complete only different than	shown above)					Signature of U.S. Ma	urshal or Deputy	<u> </u>
		Costs	shown on <u>attach</u>	ed USMS Cost S	heet >>			
REMARKS		<u> </u>						

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

Sinied States Maishais Service					Dee	ions for service of	7 7 7 0 C 635 0 7 O.B.	TVIU/ SITUI
PLAINTIFF			*			COURT CASE NUM	IBER	
Ryan Dillon-Capps						,		
DEFENDANT						TYPE OF PROCESS		
Ohana Growth Partners, LL	.C. et al					Personal	•	
		TOMBAND CO	מ זארודא מרומט	TO TO SERVE	OD DESCRIPTION		O SEIZE OD CONT	
SERVE Miles &	Stockbridge	, P.C.			OR DESCRIPTION	ON OF PROPERTY T	O SEIZE OR CONL	EMIN
AT ADDRESS 100 Lig	<i>(Street or RFD, I</i> ht Street Bal	<i>Apartment No., (</i> timore Mary	City, State and Zi land 21202	IP Code)				
SEND NOTICE OF SERVICE COPY	TO REQUESTI	ER AT NAME A	ND ADDRESS	BELOW		Number of process to		
Ryan Dillon-Capps						served with this Form	1 263	
1334 Maple Avenue Essex Maryland 21221						Number of parties to served in this case	De 29)
Lobox Marylana 2 122 1						Check for service	X	
SPECIAL INSTRUCTIONS OR OTHER						on U.S.A.		
Office Hours - Service to C	ompany AN	D individuál	s (5) Person	al Address' a	are not curre	ntiy available.		
Signature of Attorney other Originato	requesting servi	ice on behalf of:	× PLAIN	מחדדנ	TELEPHONE 1	NUMBER	DATE	
Ryan Dillon-Capps	Bigitally signed by Date: 2024.12.17	Ryan Dillon-Capp 19:39:19 -05'00'	DEFE		703-303-1 ⁻	113	12/17/2024	
SPACE BE	LOW FOR	USE OF ILS	MARSHAI	ONLY - DO	NOT WRIT	E BELOW THIS	LINE	
I acknowledge receipt for the total	Total Process	District of	District to	1	thorized USMS		Date	
number of process indicated.	1011111100013	Origin	Serve	Signature of At	monzed OSMS	Deputy of Clerk	Date	
(Sign only for USM 285 if more than one USM 285 is submitted)		No.	No.					
I hereby certify and return that I 1	have personally s	erved, have	legal evidence o	f service, 🔲 har	ve executed as sh	own in "Remarks", the	process described or	n the
individual, company, corporation, etc	., at the address s	hown above on t	he on the individ	ual, company, co	rporation, etc. she	own at the address inse	erted below.	
☐ I hereby certify and return that I a	m unable to locat	te the individual,	company, corpo	ration, etc. named	l above <i>(See rem</i> e	arks below)		
Name and title of individual served (i	f not shown abov	e)				Date	Time	☐ am ☐ pm
Address (complete only different than	: shown above)					Signature of U.S. Ma	arshal or Deputy	
		Costs	shown on attack	ned USMS Cost S	heet>>			
REMARKS								
amend Halley								
			•					

Form USM-285

Rev. 03/21

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

			<u>" </u>				
					COURT CASE NUM	IBER	
				-	TYPE OF PROCESS	•	
_C. et al					Personal	•	
INDIVIDUAL, COn, Robert S.	MPANY, COR	PORATION, E	ETC. TO SERVE	OR DESCRIPTI	ON OF PROPERTY T	O SEIZE OR CON	DEMN
(Street or RFD, Ap ht Street Baltin	artment No., Ci nore Maryla	ity, <i>State and ZI</i> and 21202	IP Code)				
TO REQUESTER	AT NAME AN	ND ADDRESS	BELOW				 9
					Number of parties to	1 283 ba	
					Check for service		
ted Times Available	e for Service):			•	Business and Alterna	ate Addresses,	
or requesting service	on behalf of:		<u></u>	TELEPHONE	NUMBER	DATE	
7		× PLAIN DEFE		703-303-1	113	12/17/2024	
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C	Origin	District to Serve No.	Signature of A	uthorized USMS	Deputy or Clerk	Date	
have personally serv	ved, ☐ have lown above on th	egal evidence of	f service, ha	ve executed as sh rporation, etc. sh	nown in "Remarks", the	e process described erted below.	on the
	,	,,,		· · · · · · · · · · · · · · · · · · ·	Date	Time	
if not shown above)							
					Signature of HS M	archal or Denuty	pm pm
n shown above)	Coste	hown on attack	ned USMS Cost S	Sheet >>	Signature of U.S. Ma	arshal or Deputy	pm pm
	Costs s	hown on attach	ned USMS Cost S	iheet»	Signature of U.S. Ma	arshal or Deputy	pm pm
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PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

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PLAINTIFF Ryan Dillon-Capps						COURT CASE NUM	MBER		
DEFENDANT						TYPE OF PROCESS	5		
Ohana Growth Partners, LL	C. et al					Personal			
SERVE Frenkil,	INDIVIDUAL, O Stephen D. (Street or RFD, a nt Street Bal				OR DESCRIPTI	ON OF PROPERTY 1	O SEIZE OR CONI	DEMN	
						Number of process to		·	
SEND NOTICE OF SERVICE COPY Ryan Dillon-Capps	TO REQUESTE	R AT NAME A	ND ADDRESS	BELOW		Number of process to served with this Form)	
1334 Maple Avenue Essex Maryland 21221						Number of parties to served in this case	be 29)	
						Check for service on U.S.A.	X		
SPECIAL INSTRUCTIONS OR OTH All Telephone Numbers, and Estimat Office Hours - Service to Co	ed Times Availa	ble for Service):					ŕ		
Signature of Attorney other Originator	. • -		X PLAIN	NIIFF	TELEPHONE	NUMBER	DATE		
Ryan Dillon-Capps	Digitally signed by Dates 2024.12.17	Ryan Dillon-Capp 19:40:24 -05'00'	DEFE		703-303-1	113	12/17/2024		
SPACE BE	LOW FOR 1	USE OF U.S.	. MARSHAI	ONLY - DO	NOT WRIT	E BELOW THIS	SLINE		
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of Ar	uthorized USMS	Deputy or Clerk	Date		
I hereby certify and return that I hindividual, company, corporation, etc.								n the	
☐ I hereby certify and return that I at	n unable to locat	e the individual,	company, corpo	ration, etc. named	i above <i>(See rem</i>	arks below)		•	
Name and title of individual served (i)	not shown above	e)				Date	Time	am pm	
Address (complete only different than	shown above)		;			Signature of U.S. Ma	arshal or Deputy		
		Costs	shown on attach	ed USMS Cost S					
REMARKS									

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

<u> </u>				à				
PLAINTIFF Ryan Dillon-Capps						COURT CASE NUM	MBER	
DEFENDANT						TYPE OF PROCESS	,	
Ohana Growth Partners, Ll	C et al					Personal	•	
 		201 (711 717 70			00 0000000			
SERVE Butler, 1	Holly D.				OR DESCRIPTI	ON OF PROPERTY 1	TO SEIZE OR CO	NDEMN
AT ADDRESS 100 Lig	<i>(Street or RFD,</i> ht Street Bal	<i>Apartment No., (</i> timore Mary	City, State and Zi land 21202	P Code)				
SEND NOTICE OF SERVICE COPY	TO REQUEST	ER AT NAME A	ND ADDRESS	BELOW		Number of process to		29
Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221						Number of parties to served in this case	ha.	29
LSSEX Walyland 21221						Check for service on U.S.A.		X
All Telephone Numbers, and Estimate Office Hours - Service to Co	ompany AN	D İndividual:	s (5) Person	ai Address' a	are not curre	ntly available.		
Signature of Attorney other Originato	r requesting servi	ce on behalf of:			TELEPHONE	NUMBER	DATE	·· ·
Ryan Dillon-Capps	Digitally signed by Date: 2024.12.17	Ryan Dillon-Capp 19:40:57 -05'00'	E PLAIN DEFE	NDANT	703-303-1	113	12/17/2024	
SPACE BE	LOW FOR	USE OF U.S.	MARSHAL	ONLY - DO	NOT WRIT	E BELOW THIS	LINE	-
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Au	thorized USMS	Deputy or Clerk	Date	
I hereby certify and return that I lindividual, company, corporation, etc	nave personally so ,, at the address s	erved , have	legal evidence of he on the individ	f service, hav	ve executed as sh rporation, etc. sh	nown in "Remarks", the own at the address inse	e process describe	d on the
☐ I hereby certify and return that I a	m unable to locat	e the individual,	company, corpo	ration, etc. named	l above <i>(See rem</i>	arks below)	,	•
Name and title of individual served (i	f not shown abov	e)				Date	Time	am pm
Address (complete only different than	shown above)					Signature of U.S. Ma	arshal or Deputy	
		Costs	shown on <u>attach</u>	ed USMS Cost S	heet >>			
REMARKS						·		•

U.S. Department of Justice

PROCESS RECEIPT AND RETURN

United States Marshals Service

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF				···		COURT CASE NUM	IBER		
Ryan Dillon-Capps				<u>-</u>					
DEFENDANT						TYPE OF PROCESS	}		
Ohana Growth Partners, LL						Personal			
SERVE Duvall,	Jessica L.				OR DESCRIPTI	ON OF PROPERTY T	O SEIZE OR CO	NDEMN	
AT ADDRESS 100 Lig	(Street or RFD, . ht Street Bal	<i>Apartment No., C</i> timore Mary	City, State and ZI land 21202	P Code)					
SEND NOTICE OF SERVICE COPY Ryan Dillon-Capps	TO REQUESTI	R AT NAME A	ND ADDRESS	BELOW		Number of process to served with this Form		29	
1334 Maple Avenue Essex Maryland 21221						Number of parties to served in this case	be	29	
						Check for service on U.S.A.		Х	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Office Hours - Service to Company AND Individuals (5) Personal Address' are not currently available.									
Signature of Attorney other Originator requesting service on behalf of: X PLAINTIFF TELEPHONE NUMBER DATE									
Ryan Dillon-Capps	Digitally signed by Date: 2024.12.17	Ryan Dillon-Capp 19:41:24 -05'00'		NDANT	703-303-1	113	12/17/2024	,	
SPACE BE	LOW FOR	USE OF U.S.	MARSHAL	ONLY - DO	NOT WRIT	E BELOW THIS	LINE		
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of Au	nthorized USMS	Deputy or Clerk	Date	,	
I hereby certify and return that I lindividual, company, corporation, etc	nave personally so, at the address s	erved, have	legal evidence of he on the individ	f service, hav	ve executed as sh rporation, etc. sh	nown in "Remarks", the nown at the address inse	e process describe erted below.	d on the	
☐ I hereby certify and return that I a	m unable to locat	e the individual,	сотрапу, согро	ration, etc. named	l above <i>(See rem</i>	arks below)			
Name and title of individual served (i	f not shown abov	<u>;)</u>				Date !	Time	☐ am ☐ pm	
Address (complete only different than	shown above)				~	Signature of U.S. Ma	arshal or Deputy		
		Costs	shown on attach	ned USMS Cost S	heet >>				
REMARKS			<u>.</u>				• • • • • • • • • • • • • • • • • • • •		
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PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

			*		•	•		
PLAINTIFF Ryan Dillon-Capps					COURT CASE NUM	MBER		
DEFENDANT					TYPE OF PROCESS	3		
Ohana Growth Partners, LLC	C. et al				Personal			
SERVE SERVE Levett, D	NDIVIDUAL, COMPA Daniel J. \ Hartma	NY, CORPORATION, F In Executive Adviso In Executive Advisor In Executive Advisor In Executive Advisor In Execution In Exec	ors 		ON OF PROPERTY T	TO SEIZE OR CONDI	EMN	
1954 Gre	eenspring Drive,	Suite 320, Timoniu	m Maryland	21093				
SEND NOTICE OF SERVICE COPY	TO REQUESTER AT 1	NAME AND ADDRESS	BELOW		Number of process to			
Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221					served with this Form 285 Number of parties to be served in this case 29			
LSSCA Waryland 21221					Check for service on U.S.A.	X		
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Office Hours - Service to Company (1) OR Individual (1) Personal Address' are not currently available.								
Signature of Attorney other Originator	requesting service on be	ehalf of:		TELEPHONE I	NUMBER	DATE		
Ryan Dillon-Capps	Digitally signed by Ryan Digitally signed by Ryan Digitally signed by Ryan Digitally 19:41:51	illon-Capps DEFE	VIIFF NDANT	703-303-1	113	12/17/2024		
SPACE BEI	LOW FOR USE O	F U.S. MARSHAL	ONLY - DO	NOT WRIT	E BELOW THIS	LINE	•	
	Total Process District Origin No.	et of District to	i	nthorized USMS		Date	•	
I hereby certify and return that I has individual, company, corporation, etc.,							the	
☐ I hereby certify and return that I am	unable to locate the inc	dividual, company, corpo	ration, etc. named	l above <i>(See remu</i>	irks below)			
Name and title of individual served (if n	not shown above)		· · · · · · · · · · · · · · · · · · ·	·	Date	Time	am pm	
Address (complete only different than shown above) Signature of U.S. Marshal or Deputy								
		Costs shown on attach	ed USMS Cost S	heet>>				
REMARKS						,		

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

Office States Marshals Service			A	Dee <u>Instructi</u>	ons for service o	1110cess by O.S	, was
PLAINTIFF		· · · · · · · · · · · · · · · · · · ·			COURT CASE NUM	MBER	
Ryan Dillon-Capps							
DEFENDANT					TYPE OF PROCESS	3	
Ohana Growth Partners, LI	₋C. et al				Personal		
	INDIVIDUAL, COMPA			OR DESCRIPTION	ON OF PROPERTY	TO SEIZE OR CON	DEMN
AT ADDRESS	(Street or RFD, Apartm reenspring Drive,	ent No., City, State and Suite 300, Timon	ZIP Code) ium Maryland	21093			
SEND NOTICE OF SERVICE COPY	TO REQUESTER AT	NAME AND ADDRES	S BELOW		Number of process to		 9
Ryan Dillon-Capps 1334 Maple Avenue					served with this For Number of parties to	ha	
Essex Maryland 21221					served in this case	2	9
					Check for service on U.S.A.	>	(
SPECIAL INSTRUCTIONS OR OTH			EXPEDITING SE	RVICE (Include	Business and Alterna	ate Addresses,	
All Telephone Numbers, and Estima Office Hours - Service to C	<i>ted Times Available for</i> ompany (1) OR Ir	<i>Service):</i> :dividual (1) Perso	onal Address'	are not curre	ntlv available.		
	ompany (1) Orem	amada (1/1 olo	ondi i taareee	u,0 1.00 0u.10.	my available		
Signature of Attorney other Originato	r requesting service on h	sebalf of:		TELEPHONE N	JUMBER	DATE	
- · ·	Ryan Dillon-Capps Digitally signed by Ryan Dillon-Capps Bate: 2024.12.17 19:42:20 -05'00' DEFENDANT 703-303						
Ryan Dillon-Capps	703-303-11	13	12/17/2024				
SPACE BI	ELOW FOR USE	OF U.S. MARSHA	L ONLY - DO	NOT WRIT	E BELOW THI	S LINE	
I acknowledge receipt for the total	Total Process Distri	-	Τ	uthorized USMS I		Date	
number of process indicated.	Origi	n Serve	0.5				
(Sign only for USM 285 if more than one USM 285 is submitted)	No	No	_				
I hereby certify and return that I individual, company, corporation, etc.	have personally served,	have legal evidence	of service, ha	ive executed as shorporation, etc. sho	own in "Remarks", th	e process described of erted below.	on the
☐ I hereby certify and return that I s				•			
Name and title of individual served (<u> </u>	··	Date	Time	am
•	, , , , , ,						☐ pm
Address (complete only different that	shown above)				Signature of U.S. M	arshal or Deputy	
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REMARKS		Costs shows on Hitte	CITE CONTO CONT	2000	· · · · · · · · · · · · · · · · · · ·		
REMARKS							

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

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PLAINTIFF						COURT CASE NUM	1BER	
Ryan Dillon-Capps								
DEFENDANT			1			TYPE OF PROCESS	 }	
Ohana Growth Partners, LL	_C. et al					Personal	,	
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SERVE Stringer	r, H. Patrick				OR DESCRIPTI	ON OF PROPERTY	O SEIZE OR CON	IDEWIN
AT ADDRESS 200 Sai	(Street or RFD, int Paul Plac	Apartment No., (e Baltimore	City, State and Zi Maryland 21	IP Code) 1202				
SEND NOTICE OF SERVICE COPY	TO REQUEST	ER AT NAME A	ND ADDRESS	BELOW		Number of process to served with this Form		29
Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221						Number of parties to served in this case	ha	<u></u> 9
Losex Maryland 21221						Check for service on U.S.A.		x
Office Hours - Service to State of Maryland (1) AND Individuals (12) Attorney General Has Designated the Following Persons to Recieve Service: JULIA DOYLA, JOSHUA R. CHAZEN, RYAN R. DIETRICH, HOWER R. FELDMAN, DANIEL M KORBIN, JEFFREY S. LUOMA, ROBERT A. SCOTT, JOSHUA M. SEGAL, WENDY L. SHIFF								
Signature of Attorney other Originato	r requesting serv	ce on behalf of:			TELEPHONE	NUMBER	DATE	
Ryan Dillon-Capps	Digitally signed by Date: 2024.12.17	Ryan Dillon-Capp 19:42:52 -05'00'	× PLAR	NIIFF NDANT	703-303-1	113	12/17/2024	
SPACE BE	LOW FOR	USE OF U.S.	MARSHAI	ONLY - DO	NOT WRIT	E BELOW THIS	SLINE	
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more	Total Process	District of Origin No.	District to Serve	1		Deputy or Clerk	Date	
than one USM 285 is submitted)	<u> </u>		ļ · · · — —	<u> </u>				
I hereby certify and return that I lindividual, company, corporation, etc								on the
☐ I hereby certify and return that I a	<u> </u>			• • •	<u> </u>			
Name and title of individual served (i			ounpaid, ourpo			Date	Time	am
						0:	<u> </u>	pm_
Address (complete only different than shown above) Signature of U.S. Marshal or Deputy								
	<u>.</u>	Costs	shown on attach	hed USMS Cost S	heet>>	1		
REMARKS			· · · · · · · · · · · · · · · · · · ·					

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

Officed States Marshals Service					Dee <u>Tristi iici</u>	ions for service of	1770cess by O.S	. warsnat
PLAINTIFF				•		COURT CASE NUM	IBER	
Ryan Dillon-Capps								
DEFENDANT						TYPE OF PROCESS		
Ohana Growth Partners, LL	_C. et al					Personal	•	
		COMBANY CO	DDOD ATON D	TC TO SERVE	OD DESCRIPTI	ON OF PROPERTY T	O SEIZE OD CON	
SERVE Robinso	on, Dennis M	1. Jr.	*		OR DESCRIPTI	ON OF PROPERTY	O SEIZE OR CON.	DEMIN
AT ADDRESS 200 Sai	(Street or RFD, . int Paul Plac	Apartment No., (e Baltimore	City, State and ZI Maryland 21	P Code) 202				
SEND NOTICE OF SERVICE COPY	TO REQUEST	ER AT NAME A	ND ADDRESS	BELOW	•	Number of process to		9
Ryan Dillon-Capps 1334 Maple Avenue						Number of parties to be		
Essex Maryland 21221						served in this case Check for service		
						on U.S.A.	>	(
Attorney General Has Designated the Following Persons to Recieve Service: JULIA DOYLA, JOSHUA R. CHAZEN, RYAN R. DIETRICH, HOWER R. FELDMAN, DANIEL M KORBIN, JEFFREY S. LUOMA, ROBERT A. SCOTT, JOSHUA M. SEGAL, WENDY L. SHIFF								
Signature of Attorney other Originato	r requesting servi	ice on behalf of:	× PLAIN	JTIEE	TELEPHONE	NUMBER	DATE	
Ryan Dillon-Capps	Digitally signed by Date: 2024.12.17	Ryan Dillon-Capp 19:43:18 -05'00'	ps DEFE	NDANT	703-303-1	113	12/17/2024	
SPACE BE	LOW FOR	USE OF U.S.	. MARSHAL	ONLY - DO	NOT WRIT	E BELOW THIS	LINE	
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	1		Deputy or Clerk	Date	
I hereby certify and return that I individual, company, corporation, etc	nave personally so , at the address s	erved, have hown above on t	legal evidence of he on the individ	f service, \(\square\) have	ve executed as sh rporation, etc. sh	nown in "Remarks", the	e process described o	on the
☐ I hereby certify and return that I a	m unable to loca	te the individual,	company, corpo	ration, etc. named	above (See rem	arks below)	•	
Name and title of individual served (i)	f not shown abov	e)				Date	Time	☐ am ☐ pm
Address (complete only different than shown above) Signature of U.S. Marshal or Deputy								
· · · · · · · · · · · · · · · · · · ·		Costs	shown on attach	ed USMS Cost S	heet >>	!		
REMARKS			·					

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

Officed States Marshals Service	•			_	See <u>Instruct</u>	tons for service of	170cess by	2.5. Marshai
PLAINTIFF		<u> </u>		· ·		COURT CASE NUM	IBER	
Ryan Dillon-Capps								
DEFENDANT						TYPE OF PROCESS		· · · · · ·
Ohana Growth Partners, L	LC. et al					Personal		
	INDIVIDUAL, Co, Michael S		RPORATION, E	TC. TO SERVE	OR DESCRIPTI	ON OF PROPERTY T	O SEIZE OR CO	ONDEMN
	S (Street or RFD), int Paul Plac	Apartment No., (e Baltimore	City, State and ZI Maryland 21	P Code) 202				
SEND NOTICE OF SERVICE COP	Y TO REQUEST	ER AT NAME A	ND ADDRESS	BELOW		Number of process to served with this Form		29
Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221						Number of parties to served in this case		29
•						Check for service on U.S.A.		×
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Office Hours - Service to State of Maryland (1) AND Individuals (12) Attorney General Has Designated the Following Persons to Recieve Service: JULIA DOYLA, JOSHUA R. CHAZEN, RYAN R. DIETRICH, HOWER R. FELDMAN, DANIEL M KORBIN, JEFFREY S. LUOMA, ROBERT A. SCOTT, JOSHUA M. SEGAL, WENDY L. SHIFF								
Signature of Attorney other Originat	or requesting serv	ce on behalf of:	× PLAIN		TELEPHONE	NUMBER	DATE	
Ryan Dillon-Capps	Digitally signed by Date: 2024.12.17	Ryan Dillon-Capp 19:43:45 -05'00'	DEFEI	NDANT	703-303-1	113	12/17/2024	4
SPACE B	ELOW FOR	USE OF U.S.	MARSHAL	ONLY - DO	NOT WRIT	E BELOW THIS	LINE	
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve No.	Signature of Au	nthorized USMS	Deputy or Clerk	Dat	e
I hereby certify and return that I individual, company, corporation, et	have personally s	erved, have hown above on t	legal evidence of he on the individ	f service, ha	ve executed as sh rporation, etc. sh	own in "Remarks", the	e process describ erted below.	ed on the
☐ I hereby certify and return that I	am unable to loca	e the individual,	company, corpo	ration, etc. named	i above <i>(See rem</i>	arks below)		
Name and title of individual served	if not shown abov	e)				Date	Time	☐ am ☐ pm
Address (complete only different than shown above) Signature of U.S. M					arshal or Deputy			
		Costs	shown on <u>attach</u>	ed USMS Cost S	heet>>		•	
REMARKS								

Form USM-285

Rev. 03/21

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

Officed States Marshals Service					Bee <u>211517 11C1</u>	ions for service o	11100035040	<u>0. marona:</u>
PLAINTIFF						COURT CASE NUM	ABER	
Ryan Dillon-Capps								
DEFENDANT						TYPE OF PROCESS	3	
Ohana Growth Partners, LL	.C. et al					Personal		
SERVE Mayer,	Stacey A.				OR DESCRIPTI	ON OF PROPERTY 1	O SEIZE OR CO	NDEMN
AT ADDRESS 200 Sai	<i>(Street or RFD, .</i> nt Paul Plac	<i>Apartment No., (</i> e Baltimore	City, State and ZI Maryland 21	P Code) 202				
SEND NOTICE OF SERVICE COPY	TO REQUEST	ER AT NAME A	ND ADDRESS	BELOW	-	Number of process to served with this Form		 29
Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221						Number of parties to be served in this case		
						Check for service on U.S.A.		X
All Telephone Numbers, and Estimate Office Hours - Service to Stattorney General Has Design DIETRICH, HOWER R. FEWENDY L. SHIFF	ate of Maryl gnated the F	and (1) AND ollowing Pe	rsons to Rec	ieve Service	: JULIA DO` MA, ROBER	YLA, JOSHUA R T A. SCOTT, JC	I. CHAZEN, F OSHUA M. SE	YAN R. GAL,
Signature of Attorney other Originato	r requesting servi	ce on behalf of:	× PLAIN	MIEE	TELEPHONE	NUMBER	DATE	
Ryan Dillon-Capps	Digitally signed by Date: 2024.12.17	Ryan Dillon-Capp 19:44:17 -05'00'	DEFE	NDANT	703-303-1°	113	12/17/2024	
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☐ I hereby certify and return that I a	m unable to loca	e the individual,	company, corpo	ration, etc. named	l above <i>(See rem</i>	arks below)		
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Address (complete only different than	shown above)					Signature of U.S. Ma	arshal or Deputy	
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REMARKS								

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

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PLAINTIFF Ryan Dillon-Capps						COURT CASE NUM	MBER		
DEFENDANT						TYPE OF PROCESS	3	-	
Ohana Growth Partners, LL	.C. et al					Personal	-		
NAME OF		COMPANY, CO	RPORATION, E	TC. TO SERVE	OR DESCRIPTI	ON OF PROPERTY	TO SEIZE OR CON	DEMN	
AT ADDRESS	<i>(Street or RFD,</i> ant Paul Plac	Apartment No., (e Baltimore	City, State and ZI Maryland 21	P Code) 202				•	
SEND NOTICE OF SERVICE COPY Ryan Dillon-Capps	TO REQUESTI	ER AT NAME A	ND ADDRESS	BELOW		Number of process to served with this Form		.9	
1334 Maple Avenue Essex Maryland 21221						Number of parties to served in this case	be 2	9	
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All Telephone Numbers, and Estimated Times Available for Service): Office Hours - Service to State of Maryland (1) AND Individuals (12) Attorney General Has Designated the Following Persons to Recieve Service: JULIA DOYLA, JOSHUA R. CHAZEN, RYAN R. DIETRICH, HOWER R. FELDMAN, DANIEL M KORBIN, JEFFREY S. LUOMA, ROBERT A. SCOTT, JOSHUA M. SEGAL, WENDY L. SHIFF Signature of Attorney other Originator requesting service on behalf of: TELEPHONE NUMBER DATE									
1	Ø .		× PLAIN	TIFF	TELEPHONE	NUMBER	DATE		
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE									
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of A	uthorized USMS	Deputy or Clerk	Date		
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PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

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Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221						Number of parties to served in this case	be	29
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SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Office Hours - Service to State of Maryland (1) AND Individuals (12) Attorney General Has Designated the Following Persons to Recieve Service: JULIA DOYLA, JOSHUA R. CHAZEN, RYAN R. DIETRICH, HOWER R. FELDMAN, DANIEL M KORBIN, JEFFREY S. LUOMA, ROBERT A. SCOTT, JOSHUA M. SEGAL, WENDY L. SHIFF								
Signature of Attorney other Orig	nator requesting serv	ice on behalf of:			TELEPHONE	NUMBER	DATE	
Ryan Dillon-Cap	OS Date: 2024.12.17	y Ryan Dillon-Cap 19:45:16 -05'00'	PLAIN DEFE	NTIFF NDANT	703-303-1	113	12/17/2024	4
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PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

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PLAINTIFF				*		COURT CASE NUM	IBER	
Ryan Dillon-Capps								
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Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221						Number of parties to be served in this case		29
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SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Office Hours - Service to State of Maryland (1) AND Individuals (12) Attorney General Has Designated the Following Persons to Recieve Service: JULIA DOYLA, JOSHUA R. CHAZEN, RYAN R. DIETRICH, HOWER R. FELDMAN, DANIEL M KORBIN, JEFFREY S. LUOMA, ROBERT A. SCOTT, JOSHUA M. SEGAL, WENDY L. SHIFF								
Signature of Attorney other Originate	r requesting serv	ice on behalf of:			TELEPHONE	NUMBER	DATE	
Ryan Dillon-Capps	Digitally signed by Date: 2024.12.17	Ryan Dillon-Capp 19:46:34 -05'00'	PLAIN DEFE	NDANT	703-303-1	113	12/17/2024	1
				ONLY - DO	NOT WRIT	E BELOW THIS	LINE	
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I hereby certify and return that I individual, company, corporation, etc.	have personally s	erved , have hown above on t	legal evidence of he on the individ	f service, ha	ve executed as sl rporation, etc. sh	nown in "Remarks", the nown at the address inse	e process describe	ed on the
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PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ryan Dillon-Capps						COURT CASE NUM	MBER	
Kyan Dillon-Capps								
DEFENDANT						TYPE OF PROCES	S	
Ohana Growth Partners, Li	.C. et al					Personal		
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1334 Maple Avenue Essex Maryland 21221						Number of parties to served in this case) be	29
EGOOK Maryland 2 (22)						Check for service on U.S.A.		x
Office Hours - Service to State of Maryland (1) AND Individuals (12) Attorney General Has Designated the Following Persons to Recieve Service: JULIA DOYLA, JOSHUA R. CHAZEN, RYAN R. DIETRICH, HOWER R. FELDMAN, DANIEL M KORBIN, JEFFREY S. LUOMA, ROBERT A. SCOTT, JOSHUA M. SEGAL, WENDY L. SHIFF Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF TELEPHONE NUMBER DATE								
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PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

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SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Office Hours - Service to State of Maryland (1) AND Individuals (12) Attorney General Has Designated the Following Persons to Recieve Service: JULIA DOYLA, JOSHUA R. CHAZEN, RYAN R. DIETRICH, HOWER R. FELDMAN, DANIEL M KORBIN, JEFFREY S. LUOMA, ROBERT A. SCOTT, JOSHUA M. SEGAL, WENDY L. SHIFF								
Signature of Attorney other Originato	r requesting servi	ce on behalf of:	× PLAIN	TITLE	TELEPHONE	NUMBER	DATE	
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PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

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PLAINTIFF						COURT CASE NUMBER			
Ryan Dillon-Capps									
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NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN DeGonia, Thomas M. II									
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 200 Saint Paul Place Baltimore Maryland 21202									
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW						Number of process to served with this Form)	
Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221						Number of parties to be served in this case			
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All Telephone Numbers, and Estimated Times Available for Service): Office Hours - Service to State of Maryland (1) AND Individuals (12) Attorney General Has Designated the Following Persons to Recieve Service: JULIA DOYLA, JOSHUA R. CHAZEN, RYAN R. DIETRICH, HOWER R. FELDMAN, DANIEL M KORBIN, JEFFREY S. LUOMA, ROBERT A. SCOTT, JOSHUA M. SEGAL, WENDY L. SHIFF									
Signature of Attorney other Originator requesting service on behalf of: X PLAINTIFF						NUMBER	DATE		
						703-303-1113		12/17/2024	
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I hereby certify and return that I \(\subseteq \) have personally served, \(\subseteq \) have legal evidence of service, \(\subseteq \) have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.									
☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)									
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PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

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PLAINTIFF					COURT CASE NUMBER			
Ryan Dillon-Capps								
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Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221						Number of parties to be served in this case		29
23357 Melyiana 2 122 1						Check for service on U.S.A.		х
DIETRICH, HOWER R. FE WENDY L. SHIFF Signature of Attorney other Originato	,			.	TELEPHONE		DATE	·
Ryan Dillon-Capps Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:48:39 -05:00* PLAINTIFF DEFENDANT					703-303-1113		12/17/2024	
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I hereby certify and return that I a	m unable to loca	te the individual	, company, corpo	ration, etc. name	d above (See rem	arks below)		
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PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

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PLAINTIFF						COURT CASE NUMBER			
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AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 200 Saint Paul Place Baltimore Maryland 21202									
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All Telephone Numbers, and Estimated Times Available for Service): Office Hours - Service to State of Maryland (1) AND Individuals (12) Attorney General Has Designated the Following Persons to Recieve Service: JULIA DOYLA, JOSHUA R. CHAZEN, RYAN R. DIETRICH, HOWER R. FELDMAN, DANIEL M KORBIN, JEFFREY S. LUOMA, ROBERT A. SCOTT, JOSHUA M. SEGAL, WENDY L. SHIFF									
Signature of Attorney other Originator psquesting service on behalf of: TELEPHONI						NUMBER DATE		-	
Ryan Dillon-Capps Digitally signed by Ryan Dillon-Capps Date: 2024.12.17 19:49:02 -05'00' PLAINTIFF DEFENDANT					703-303-1113		12/17/2024		
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I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve	Signature of Authorized USMS Deputy or Clerk Date					
I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.									
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Name and title of individual served (if not shown above)						Date	Time	☐ am ☐ pm	
Address (complete only different than shown above)						Signature of U.S. Marshal or Deputy			
Costs shown on attached USMS Cost Sheet >>									
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